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FINNEGAN, I LLP	HENDERSON, FA K AVENUE, NW	ARABOW, GARR	ETT & DUNNE	Rher State addre trans	eby certify that the s Postal Service we essed to the Mail	is Fee(s tith suff Stop I	of Mailing or Trans) Transmittal is being icient postage for firs SSUE FEE address) 273-2885, on the d	g deposited with the United st class mail in an envelope above, or being facsimile	
WASHINGTON		(Depositor's name)							
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APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	ГOR		ATTOF	RNEY DOCKET NO.	CONFIRMATION NO.	
10/635,113	10/635,113 08/06/2003		Igor Ivanisevic		09013.0006-00000			2064	
TITLE OF INVENTION	I: SYSTEM AND METH	HOD FOR MATCHING I	DIFFRACTION PATT	ERN	S	•			
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440	\$300		\$0		\$1740	04/11/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS						
HO, ALLEN C		2882	378-070000						
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 FINNEGAN, HENDERSON, FARABOW, GARRETT 2 3 & DUNNER, LLP						
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
SSCI, INC. West Lafayette, INDIANA									
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🗀 Government									
4a. The following fee(s) KISSUE Fee Publication Fee (N	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 00-0916 (enclose an extra copy of this form).								
5. Change in Entity Sta	s SMALL ENTITY state	us. See 37 CFR 1.27.	☐ b. Applicant is no	long	er claiming SMAl	LL ENT	TTY status. See 37 Cl	FR 1.27(g)(2).	
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